



BUSINESS REGISTRATION LICENSE APPLICATION

Return Completed Application and Fees to: City Clerk's Office
215 W. Main St. Northville, MI 48167

Registration Fee: \$40
(Annual Renewal Required by Ordinance)

Make Checks Payable To: *City of Northville*

BUSINESS INFORMATION

Business Name _____

Address _____, Northville, Michigan 48167+ _____

Mailing Address _____ **City** _____ **State** ____ **Zip** _____

List all assumed, trade or firm names with which you intend to do business _____

Which name will be used on business sign _____

E-mail Address _____ **Website Address** _____

Phone Number _____ **Fax Number** _____

Hours of Operation:	MON _____ to _____	TUES _____ to _____
	WED _____ to _____	THUR _____ to _____
	FRI _____ to _____	SAT _____ to _____
	SUN _____ to _____	

Number of Employees _____ **Planned Opening Date** _____

Business Category Code: Primary _____ Secondary _____ (See attachment for categories)

Nature of Business:
(Describe in detail)

What is the Zoning for this location? _____ Zoning Map and Zoning Ordinance available on the City website at www.ci.northville.mi.us (go to Services / Building Department / Zoning Ordinance)

Is your business a permitted use in that zoning district? Yes No

Contact the Building Official at 734-323-5613 with questions pertaining to Zoning and permitted uses.

Business located in Historic District?

- Yes** If yes, you must apply to the Historic District Commission for sign approval and for other improvements to your building, including paint, roof, windows. Contact the Building Official at 734-323-5613 with questions.
- No**

Are you required to have a State of Michigan License or Permit for this type of business (Sec. 18-35)?

- Yes** If yes, a copy of your State license must be attached to this application
- No**

Are hazardous materials stored on site? Yes No

If yes, type of materials _____

Exact location where materials are stored _____

BUSINESS OWNER INFORMATION If there are additional Business Owners to list, please attach a separate sheet.

1. Business Owner Name _____ **Driver License (required) – ATTACH COPY**

Home Address _____ City _____ State ____ Zip _____

Mailing Address _____

Home Phone _____ Cell Phone _____

Email Address _____

Have you ever been convicted of a crime, misdemeanor or the violation of any municipal ordinance?
(Disclosure required under Chapter 18 of the Northville Code of Ordinances)

- Yes (attach full explanation to this application)
- No

2. Business Owner Name _____ **Driver License (required) – ATTACH COPY**

Home Address _____ City _____ State ____ Zip _____

Mailing Address _____

Home Phone _____ Cell Phone _____

Email Address _____

Have you ever been convicted of a crime, misdemeanor or the violation of any municipal ordinance?
(Disclosure required under Chapter 18 of the Northville Code of Ordinances)

- Yes (attach full explanation to this application)
- No

FORM OF BUSINESS

Is this business a Corporation? Yes No

If yes, provide the following:

Corporation: Date Incorporated _____ Where Incorporated _____

Name of Corporation, Association, or Club _____

- 1. On a separate sheet, list the name, address, and phone number of each officer and director
- 2. Attach COPY OF DRIVER'S LICENSE for each

BUSINESS MANAGER INFORMATION

1. **Manager Name** _____ **Driver License (required) – ATTACH COPY**

Home Address _____ City _____ State ____ Zip _____

Mailing Address _____

Home Phone _____ Cell Phone _____

Email Address _____

Have you ever been convicted of a crime, misdemeanor or the violation of any municipal ordinance?
(Disclosure required under Chapter 18 of the Northville Code of Ordinances)

- Yes (attach full explanation to this application)
- No

2. **Manager Name** _____ **Driver License (required) – ATTACH COPY**

Home Address _____ City _____ State ____ Zip _____

Mailing Address _____

Home Phone _____ Cell Phone _____

Email Address _____

Have you ever been convicted of a crime, misdemeanor or the violation of any municipal ordinance?
(Disclosure required under Chapter 18 of the Northville Code of Ordinances)

- Yes (attach full explanation to this application)
- No

BUSINESS EMERGENCY CONTACT INFORMATION

Name _____

Address _____ City _____ State ____ Zip _____

Home Phone (_____) _____ Cell Phone (_____) _____

Email Address _____

LANDLORD CONTACT INFORMATION

Landlord Name _____

Address _____ City _____ State ____ Zip _____

Home Number _____ Business Phone Number _____

Cell Phone (_____) _____ Email Address _____

AFFIDAVIT (applicant and all listed owners must sign this application)

The following is included with this application:

_____ Copy of State of Michigan License or Permit (if required to operate this type of business)

_____ Copy of Driver’s Licenses (for **all** business owners and business managers noted on application).

_____ \$40 registration Fee (*payable to City of Northville*)

I (We) hereby affirm that the above information is complete and correct to the best of my knowledge and belief. Further, as the business owner/applicant, I (we) have read and understand the business license ordinance as outlined in Chapter 18 of the City of Northville Code of Ordinances. I (we) understand that annual renewal of the business license is required. I (we) further understand that this business shall not permanently close or go out of business without notifying the city clerk at least two weeks in advance of such closing or going out of business.

1. Applicant/Owner Signature _____ Date _____

Print Name: _____

2. Applicant/Owner Signature _____ Date _____

Print Name: _____

3. Applicant/Owner Signature _____ Date _____

Print Name: _____

OFFICE USE ONLY

Police Department

Approved

Denied _____

Signature _____ Date _____

Fire Department

Approved

Denied _____

Signature _____ Date _____

Building Department

Approved

Denied _____

Signature _____ Date _____

City Clerk

Copy of Approved Application Forwarded to

Assessor / Date _____ DDA Date _____ UB /Date _____ Comm/Date _____ Bus Clk /Date _____

Signature _____ Date _____

Business License Clerk

Entered into BS&A _____ Date Registration issued and mailed _____

Business no longer in the City/Out of Business: Date: _____

Category Code	Category Name
C03	ACCOUNTING & TAX SERVICES
R04	ANTIQUA SHOPS
R05	APPAREL
C59	ARCHITECT AND PLANNERS
R06	ARTS & CRAFTS
C07	ATTORNEYS & LEGAL SERVICES
R08	AUTOMOTIVE SALES
S41	AUTOMOTIVE SERVICE
S09	BARBER & BEAUTY SHOPS
F39	BARS
C51	BUSINESS CONSULTANTS
R42	CAMERA SALES AND SERVICE
H45	CHIROPRACTIC
S10	CLEANERS & LAUNDRIES
S57	CLOCK AND WATCH SHOP
F40	COFFEE SHOP
C52	COMPUTER CONSULTANTS
R53	COMPUTER SALES
S37	CONTRACTORS
C65	CORPORATE HEADQUARTERS
S50	COUNSELING
D03	DANCE STUDIO
H44	DENTISTS
R11	DRUG AND HEALTH STORES
C13	ENGINEERING & SURVEYING
E14	FAMILY ENTERTAINMENT
S15	FINANCIAL INSTITUTIONS AND INVESTMENT SERVICE
R16	FLORISTS
R17	FOOD SALES
S19	FUNERAL SERVICES
R54	GALLERY
R20	GIFT AND CARD SHOPS
R56	HARDWARE
H61	HEALTH FACILITY
R21	HOME AND GARDEN
C22	INSURANCE
S66	INTERIOR DESIGN
R23	JEWELRY SALES & REPAIR
S64	LODGING
M24	MANUFACTURING AND FABRICATING
M58	MANUFACTURING REPS AND BROKERAGE
S46	MASSAGE THERAPY
H36	MEDICAL SERVICES
C25	NEWSPAPERS
R47	OPTICAL SALES
H48	OPTOMETRISTS

Category Code	Category Name
R26	PARTY STORE
S27	PET SERVICES
S28	PHOTOGRAPHY
H49	PHYSICAL THERAPY
H43	PHYSICIANS
S29	PLUMBING
S30	PRINTING, PUBLISHING AND PACKAGING
E38	RACETRACK
C31	REAL ESTATE
F32	RESTAURANTS
S60	SEWING AND TAILORING
S62	SHOE REPAIR
R60	SHOES / ACCESSORIES
H63	SPA AND TANNING
R55	SPORTING-OUTDOOR SALES
D10	THEATRE
S33	TRANSPORTATION
S34	TRAVEL AGENCIES
S35	WHOLESALERS
X01	other
X02	other
X12	other
X18	other